

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010377

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 203

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6109
6109

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 21 1963

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 8 Years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 807 Range Line		d. STREET ADDRESS (If outside, give location) 807 Range Line	
3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last DEAN		4. DATE OF DEATH Month March Day 15, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-16-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feed Salesman		10b. KIND OF BUSINESS OR INDUSTRY Salesman	
11. BIRTHPLACE (City and state or country) Callaway Co., Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Henry Dean		13b. MOTHER'S MAIDEN NAME Annie Metcalf	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Jack Dean, Keytesville, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) <i>Influenza</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senility, advanced</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Few days</i> <i>Few days</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Coroner's case</i> and last saw her alive on <i>ca 8:00 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree title) <i>Richard E Johnson, M.D.</i>	
22b. ADDRESS <i>Columbia, Mo.</i>		22c. DATE SIGNED <i>3-15-63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-17-1963	
23c. NAME OF CEMETERY OR CREMATORY Oak Chapel Cemetery		23d. LOCATION (City, town, or county) Callaway County, Mo.	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Mar 17, 1963	
26. REGISTRAR'S SIGNATURE <i>Mrs. R E Palmer</i>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4922

P. O. Address Columbia Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.